

**BORANG PERMOHONAN KEAHLIAN**

***(Application Form)***

### PERSATUAN KAWALAN JANGKITAN MALAYSIA

# **INFECTION CONTROL ASSOCIATION OF MALAYSIA**

Nama : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name)*

Umur : \_\_\_\_\_\_\_\_\_ Jantina : P / L No. Kad Pengenalan Baru : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Age) (Sex) (New Identity Card No.)*

Alamat Tempat Bertugas : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Office Address)*

Alamat Surat Menyurat : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Postal address)*

Alamat E-mel : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No faks : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(E-mail Address) (Facsimile No.)*

No. Telefon (Rumah) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pejabat) : \_\_\_\_\_\_\_\_\_\_\_\_ (Tel. Bimbit) : \_\_\_\_\_\_\_\_\_\_\_

(*Home Tel. No.) (Office) (H /P)*

Kelulusan akademik/profesional : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jawatan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Academic/Professional qualification) (Occupation)*

Tarikh : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tandatangan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Date) (Signature)*

Sila tanda kotak yang berkenaan *(Please tick the appropriate box)*

Yuran Pendaftaran : RM 10.00 Yuran Keahlian (Biasa) : RM 24.00/tahun

*(Registration Fees) (Ordinary Membership)*

Ahli Korporat : RM 500.00/tahun

*(Corporate Membership)*

Bersama ini disertakan Postal order/cek no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nama Bank : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Atau bank in terus ke akaun Maybank 564100003322**

Sila kembalikan borang keahlian berserta cek/postal order (berpalang) atas Nama :

Persatuan Kawalan Jangkitan Malaysia

d/a No 127, Jalan I 4,

Taman Melawati

53100 Hulu Klang

Selangor D.E

Tel- 06-794 2018/ 016-3317709/Pn Santhira , 019-3185572/ Pn Rathiyah

Untuk kegunaan pejabat:

Permohonan di terima pada \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tandatangan penerima \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diluluskan / tidak diluluskan